

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18		2				
19		2				
20		2				
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23		2				
24		2				
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27		2				
28		2				
29		2				
30		2				
31		2				
32		2				
33		2				
34		2				
35		2				
36		2				
37		2				
38		2				
39		2				
40		2				
41		2				
42		2				
43		2				
44		2				
45		2				
46		2				
47		2				
48		2				
49		2				
50		2				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		2				
52		2				
53		2				
54		2				
55		2				
56		2				
57		2				
58		2				
59		2				
60		2				
61		2				
62		2				
63		2				
64		2				
65		2				
66		2				
67		2				
68		2				
69		2				
70		2				
71		2				
72		2				
73		2				
74		2				
75		2				
76		2				
77		2				
78		2				
79		2				
80		2				
81		2				
82		2				
83		2				
84		2				
85		2				
86		2				
87		1				
88		1				
89		1				
90		1				
91		1				
92		2				
93		2				
94		2				
95		2				
96		2				
97		2				
98		2				
99		2				
100		2				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

244

12 1 183
82 244
89 427

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1		1				
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		2				
15		2				
16		1				
17		1				
18		1				
19		2				
20		2				
21		2				
22	1					
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		2				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		2				
40		2				
41		2				
42		2				
43		2				
44		2				
45		(1)				
46		(1)				
47		(1)				
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
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89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

35
244
59

429 (claim)

2

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS						
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
IND	DEP	IND	DEP	IND	DEP	
1	2					
2	2					
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9	2					
10	2					
11	2					
12	2					
13	2					
14	2					
15	2					
16	2					
17	2					
18	2					
19	2					
20	2					
21	2					
22	2					
23	2					
24	2					
25	2					
26	2					
27	2					
28	2					
29	2					
30	2					
31	2					
32	2					
33	2					
34	2					
35	2					
36	2					
37	2					
38	2					
39	2					
40	2					
41	2					
42	2					
43	2					
44	2					
45	2					
46	2					
47	2					
48	2					
49	2					
50	2					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

51	2					
52	2					
53	2					
54	2					
55	2					
56	2					
57	2					
58	2					
59	2					
60	2					
61	2					
62	2					
63	2					
64	2					
65	2					
66	2					
67	2					
68	2					
69	2					
70	2					
71	2					
72	1					
73	1					
74	1					
75	2					
76	2					
77	2					
78	1					
79	1					
80	1					
81	1					
82	1					
83	1					
84	1					
85	1					
86	1					
87	1					
88	1					
89	1					
90	1					
91	1					
92	3					
93	3					
94	1					
95	1					
96	1					
97	2					
98	2					
99	2					
100	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

54
2
6/51